

**COMMISSION MEETING MINUTES**  
**Thursday, September 27, 2007**

**I. Call to Order**

Chair Steinberg called the meeting to order and welcomed everyone.

**II. Roll Call**

Present were Commissioners: Wesley Chesbro, Paul Dobson, Saul Feldman, Linford Gayle, Mary Hayashi, Patrick Henning, Jr., William Kolender, Kelvin Lee, David Pating, Larry Poaster, Andrew Poat, Chair Darrell Steinberg, Larry Trujillo, and Eduardo Vega.

Absent were Commissioners: Beth Gould and Darlene Prettyman.

The Administration of Oath was administered by Chair Steinberg to new Board member David Pating. Commissioner Pating provided his background and interests to the Commission.

**III. Proposed Plan Review Process for all Components of MHSA Plans**

Deborah Lee, OAC Consultant, provided the Draft Plan Review Process for Prevention/Early Intervention, Innovative Programs, Community Services and Supports, Education/Training, and Technology/Capital Facilities.

- The guiding principles are:
  - To have the process be as simple and straightforward as possible while still being responsible.
  - Flexibility is needed because the Commission has different levels of responsibility for PEI and Innovative Programs where it is responsible to approve plans and funding, as opposed to the other components of the MHSA where the responsibility is to make comments.
  - The process needs to be informed and that the review team members contribute expertise specific to each MHSA component.
  - The process is intended to be transparent and all meetings are open to the public and all documents are posted allowing people to give input.
  - The process is intended to be responsible and includes review tools with explicit criteria.
  - An important aspect is that the process is unifying and promotes an opportunity to learn from the different components.
- Comments and suggestions that were received but not included in the actual plan are listed below for the Commissions consideration:
  - Review Committee reviews funding requests; there are no review teams specific to each MHSA component
  - Only Commissioners review funding requests; expert advisors and stakeholders do not participate
  - OAC, not Review Committee, appoints advisors and stakeholders to review teams.
  - OAC appoints alternate staff to serve on Review Committee in case of vacancies.
  - OAC or Review Committee, not Commissioners on review teams, determine review timetable for each MHSA component.

- OAC and DMH conduct joint review of funding requests.
- OAC does not approve all statewide programs for PEI and Innovative Programs.
- Specific standards are adopted to determine whether review criteria have been met (overall or by component)
- DMH and OAC coordinate information provided in response to questions from counties and others about plan review.
- Essentially, what is being proposed is:
  - The OAC Review Committee consists of commissioners who choose to participate and who are appointed by the OAC; designated staff members support the Review Committee.
  - The Review Committee designates a review team for each MHSA component for a defined funding cycle to review proposed plans. The Review Committee invites expert advisors and stakeholders to serve on each review time.
  - Commissioners on each review team agree on a timetable for all steps in the review process.
  - Commissioners on each review team define criteria by which funding requests will be approved. The OAC approves review criteria for Prevention and Early Intervention and Innovative Programs. Commissioners on each review team approve a review tool, developed by staff, to ensure that review criteria are applied fairly and consistently.
  - Counties submit copies of plans for PEI and Innovation simultaneously to DMH and OAC. DMH conducts an administrative review to ensure that the plan is complete and includes all required attachments. Counties submit plans for all other MHSA components to DMH. Copies are then forwarded by DMH to OAC with a deadline for comments.
  - OAC and DMH work together to determine a timeline for DMH to comment on each submitted PEI and Innovation plan and for OAC to comment on plans submitted for other MHSA components.
  - OAC designates a staff person to serve as single point of contact to respond to questions about the review process. Counties can request and receive written clarification or responses to questions.

Chair Steinberg asked if the application would be a single integrated application. Ms. Lee said they are not; however, she assumes that once it gets integrated, they will submit a single application. Until the applications are integrated the Commission will be reviewing at least 350 plans. Ms. Hood said DMH is moving towards an integrated plan and it is being designed. It will be implemented for fiscal year 09/10. DMH is clear that OAC has the authority for approval of expenditures for both Prevention and Early Intervention and Innovation, and as the plan is being designed, there will be a mechanism to achieve this. In the interim she is looking at an application that will cover both 07/08 and 08/09 that comes in separately for prevention and early intervention.

Ms. Lee said the OAC Plan Review that she is presenting will need to be implemented immediately.

The question was asked if, because this is a new process, would new regulations need to be drafted. Ms. Hood said any requirements that DMH has for the counties that the counties must comply with has to be in regulations. The process that has been used in the past is to work with stakeholders, including the Commission, to determine what the policies will be that will be and then it is up to DMH to put the regulation through.

- OAC staff forwards comments from DMH regarding PEI and Innovation plans to review team members.
- Review team members review plans and comments.

- The review team meets to discuss the proposed plan and comments in a publicly noticed meeting where they would discuss their recommendations.
- OAC staff forwards any plans that have been changed during the review process to DMH for notification of anything that might prevent the State from being able to execute a contract. OAC staff and DMH staff work together to ensure that plans brought to OAC for approval allow DMH to execute a contract.
- For PEI and Innovation, the review team submits its final comments, recommendations and rationale to the OAC through the Review Committee. OAC staff puts together for the OAC Commissioners copies of the proposed plans, a summary of the review team's comments, the Committee's recommendations for OAC action and the facts supporting the recommendation.
- For PEI and Innovation, OAC formally takes action on the plans and for those approved, authorizes funding. If funding is not approved, the OAC returns the application to the review team through the Review Committee for additional consideration and follow-up; clear explanations for the reasons for the non-approval are provided in writing.

Chair Steinberg asked the difference between the review team versus the Review Committee. Ms. Lee said the review team would consist of Commissioners who were assigned by the Review Committee, as well as stakeholders with expertise in their specific area that the Committee is reviewing. Chair Steinberg suggested taking the decisions and recommendations by the Commissioners on the review team directly to the Commission.

Commissioner Dobson asked how many review team meetings might be expected. Ms. Whitt said it is her intent to have the review teams review several plans at one meeting. Those plans would be brought back to the Commission as a whole. Ms. Lee said she has added a provision, that for planning and early implementation funding, the provision requiring that it be brought back to the full Commission be waived. The Commission will have the option to delegate the decision to the review team for purposes of planning and early implementation.

Commissioner Hayashi cautioned Ms. Lee about conflict of interest issues when using external advisors and stakeholders in the process. Commissioner Hayashi asked what the timeline will be once the planning grants are approved. Ms. Lee said the intention is to make the process as simple and efficient as possible without sacrificing the responsibility.

- The OAC meets monthly, as needed, in order to ensure timely approval of PEI and Innovation plans.
- Funding approvals for planning and infrastructure for PEI and Innovative Programs can, at the request of the OAC, be made by Commissioners who serve on the PEI or Innovation review teams and do not have to return to the OAC as a whole. Any recommendation by these Commissioners to deny funding must return to the OAC for a decision.
- The approved applications are forwarded to the DMH for actions necessary to implement the contracting process.
- DMH has pointed out that because they have the responsibility to write contracts, they need to make certain that there is nothing that the Commission approves that contains an element that would cause them not to be able to write a contract.

Commissioner Dobson said he shares Commissioner Hayashi's concern regarding conflict of interest. He said there should not be people within the review teams and committees who may have a conflict of interest because it would void the contract.

Several Commissioners said it is important for those constituencies who feel that their county process was not inclusive enough and/or did not give them a forum to voice their opinion to have a chance to comment at the state level. The Commission should support those who have been excluded from the county process through the Commission's public process. It is important that there is an option for recusal for those Commissioners who represent local county departments of mental health.

Ms. Lee pointed out that an amendment has been suggested that the Commissioners who sit on the review team for Prevention and Early Intervention, and Innovation go directly to OAC and not go to the Review Committee. Another amendment is that there not be conflict of interest among anyone sitting on a review team.

### **Public Comment**

**Stacie Hiramoto**, with the Mental Health Association, thanked the Commissioners for acknowledging the importance of stakeholder input. She asked that when the Commission receives the stakeholder input and then form the teams that there is representation from underserved, racial, ethnic and other underserved communities. She also asked that there be expertise included in cultural competence.

**Arnulfo Medina**, representing the California Family Resource Association, asked that the Commission ensure that when looking for expertise within stakeholders that they consider people who have been working in the family strengthening organization field as well.

**Stephanie Welch**, representing the California Mental Health Director's Association, said she has submitted her comments in writing, but there are two things that she would like to talk about. An important thing to consider is having the county mental health directors, their staff, and MHSA coordinators represent a group of stakeholders on the review teams. In terms of the actual review terms and the process of those tools being selected it appears they take place within the review team body.

Ms. Whitt clarified that there is a specific tool that is being proposed that would be used to review all of the plans. The committee's are not choosing the review tools. The communities would propose review criteria, but for PEI and Innovation would be approved by the Commission.

Ms. Welch said the challenge is that it is very different for PEI and Innovation versus the other plans. She emphasized that the CMHDA would like to review the tools and offer their comments and suggestions in the process of their development. Also, correspondence between the review teams and DMH is very important and it might be helpful to have staff from DMH participate in review teams.

**Fran Edelstein**, representing the California Alliance of Child and Family Services, said she supports the role of stakeholders and respectfully suggested that taking comment on every issue is not enough. She said when there are written policies, procedures, roles, and responsibilities she would encourage the Commission to add to those written documents that stakeholder input is a key part of the process. For instance, in the draft process, the specific places that she feels are important for stakeholder input is: Number 2, the invitation of experts and stakeholders to the teams, and Number 4, where the teams create the criteria. She urged the Commission to put into the written documents specifically where stakeholder process needs to inform the Commission process. The same applies to the written document on roles and responsibilities. She suggested highlighting the Commission process being informed by stakeholders. She believes the written documents need some work in order to clarify the nature of the stakeholder process at the different points in those written documents.

Chair Steinberg said in the area of PEI the Commission has criteria. This was a year-long processes that lead to the development of these criteria.

Chair Steinberg suggested putting off action on this item until tomorrow's meeting (September 28).

#### **IV. Proposed Plan Review Process – Interim process for reviewing PEI planning money funding requests (including process for approving those requests)**

Deborah Lee, OAC Consultant, provided the following information:

- Up to \$25 million will be available statewide from the county planning estimates. The ranges for any individual county are from \$75,000 to just over \$7 million.
- Eleven applications have been received to date for planning funds and this rate will most likely increase.
- The counties are responding to information notice that is entitled, "County Funding Requests for MHSA, PEI Community Program Planning Funds". This information notice is also a section of the guidelines.
- The application form asks counties to "Briefly describe the purpose and amount for which the requested funding will be used." This is the application form that the Commission approved. There was considerable discussion about not wanting to delay getting these funds out and on the other hand being concerned that the limited question in the application form would not give the Commission enough information to adequately assess the proposed planning process.
- The Commission then decided to send a letter to counties that asked additional questions. The counties were not required to address the questions but the Commission stated they would like to have their issues addressed if possible.
- Ms. Lee said the Commission could choose to have an expedited process for the approval of these funds, given that 11 applications have been received and that more will be received shortly. In an expedited process the Commission could appoint a couple of Commissioners who would, with staff, read these applications and have the authority to approve the funds using a review tool in order to get the money out.
- The alternative would be to kick in whatever review process the Commission decides to approve and utilize that.

Chair Steinberg asked Ms. Hood when the remaining planning applications are expected. Ms. Hood said they typically come in over a matter of months. She expects most of the counties will apply for the PEI monies and it will come in over a 4-5 months period.

Chair Steinberg said if the full Commission wants to approve the planning dollars it would mean a month delay between time of application, the review, and the dollars going out. The Commission will have to decide whether it would like to meet monthly in order to accomplish this. The other choice would be to delegate the decision for the planning money only to a representative group of Commissioners and staff in order to avoid the delay.

Commissioner Feldman asked if the Commission would be comfortable delegating a decision to the subgroup for a \$7 million request. He suggested that the Commission may want to consider delegating decision making to the subgroup for certain dollar amounts only.

- Ms. Lee said she has proposed two different review tools.
  - One tool is the non-minimal review tool that assumes that the guidelines take precedence over the application. It assumes that counties are responsible for

addressing the key elements of the guidelines despite the fact that the application does not instruct them to respond to any particular component of the guidelines. It allows Commissioners to assess whether the plan includes key elements that they think are important. This tool asks 8 questions of the counties.

- The minimal review tool, in contrast, assumes that the application form takes precedence over the guidelines. It assumes that because the application form does not ask counties to address any particular aspect of the guidelines, that it is now not possible to hold them accountable for the extent to which they address any particular aspect of the guidelines. The disadvantage of this, of course, is it does not allow you to get into any details of what is being assessed. This tool asks 2 questions of the counties.

Commissioner Hayashi asked for an explanation of the funding formula. Ms. Hood said the formula is consistent with what DMH used for the Community Services and Supports. DMH looks at the overall population, the poverty population, prevalence of mental illness in that community, and they look at the factor of the cost of doing business. There is no database that is available by county for homelessness so DMH continues to monitor this situation. In the interim they are using the self sufficiency index, which is how much it costs to get the basic needs met in various communities and use it as a proxy for the homeless data.

It was noted that not all counties are guaranteed to get their entire planning estimate. Ms. Hood said DMH has told the counties what will be required as a part of their local planning process and so this is very clear to them. The guidelines that tell them how to apply for the planning money is very brief and detail is not asked of them.

Commissioner Dobson said if the Commission decides to go with the minimal review tool the Commission would not have to delegate approval to a subgroup. The Commission, as a whole, would be able to approve the applications as long as they are complete and there is no glaring error.

Chair Steinberg said he does not want to see the Commission micro-manage the planning money. The counties need to get started and he wants to get the \$25 million planning dollars out so they can begin the stakeholder's process.

**MOTION:** Commissioner Poaster moved; seconded by Commissioner Dobson to adopt Attachment 5 and staff will use the minimal review tool for the interim planning tool and process; if the application is complete, there are no inconsistencies with the guidelines, and there is no significant error, the planning money will be approved and sent to the county.

### **Public Comment**

**Stephanie Welch**, with CMHDA, said the Association does support the motion. She is expecting that counties will be submitting these particular applications within the next 60 days. She is also providing training around the plans themselves. She appreciates that the Commission wants to expedite this process.

**Stacie Hiramoto** said if there was a county that was not inclusive in their planning process and they did not invite people that are usually at the table, or they did not have consumers, etc. what would happen. Chair Steinberg said their application will suffer significantly when it comes to plan review. Ms. Hiramoto commended the Commission for sending out the letter to the counties that made suggestions/recommendations but she does not see how the counties will be held

accountable since they are only recommendations. Ms. Lee said the accountability will occur when the county submits its plans. Discussion on this topic will occur later this afternoon.

Ms. Hood noted that DMH has a two-step process for the review of the PEI plans when they are received. The first is to look at the planning process and DMH asks all of the details for all of what the counties were supposed to do in that process. If DMH believes that the process was not sufficient it does not proceed to review the actual plan.

Commissioner Vega asked what would happen if the county's process plan was not sufficient. Ms. Hood said there are two choices. It could be a problem that their write-up was insufficient and they didn't answer all of the questions. There was an instance in one county where DMH felt that the planning process was flawed and asked them to go back to the planning process.

**ROLL CALL ON THE MOTION:** Chesbro (abstain), Dobson (aye), Feldman (nay), Gayle (aye), Hayashi (aye), Henning (aye), Kolender (aye), Lee (nay), Pating (aye), Poaster (aye), Poat (aye), Steinberg (aye), Trujillo (aye), Vega (abstain). Motion carries with 19 ayes, 2 nays, 2 abstentions.

## **V. Minutes Approval**

**MOTION:** Commissioner Lee moved; seconded by Commissioner Poat to approve the minutes from July 26-27, 2007. Motion carried.

Chair Steinberg noted that the formula is a very real issue and is something that the Commission may want to agendaize and discuss, in collaboration with the Department, at a future meeting. For example, the formula is not weighted on the intensity of homelessness in a particular community.

Pat Ryan, Executive Director of the California Mental Health Directors Association, said pursuant to the Act, the Association is supposed to advise the state on funding formula for distribution of the funds and this has been done for each component. A large representative group of all of the Association's members comes up with a set of criteria, principals, and factors that should be taken into consideration based on data when the DMH runs the numbers for distribution of the money. The Association made it very clear that it was interested in having the number of homeless included in the formula. Everyone agreed that there was not a reliable statewide resource base for the number of homeless in each county so the Association asked DMH to increase the part of the formula that takes into consideration the cost of living and self sufficiency in each community and it was factored in. The set of principles was submitted to DMH and the Association specifically did not want to look at the numbers, DMH ran the numbers and made sure there was not any major anomalies as a result of applying the principles and then DMH came up with their planning funds and let counties know how much each county would be eligible to apply for.

Commissioner Lee said he expressed his concern to Dr. Mayberg that the homelessness was not included as a significant factor of allocation. Dr. Mayberg's response was that no one has come up with a good way to measure the magnitude of the problem throughout the counties. Commissioner Lee said considering the magnitude of the homelessness as a social problem it is incredible to him that it was not included. At the very least, he believes the counties should be asked to come up with what they consider to be a reasonable way to measure the magnitude of this problem. It is his hope that this Commission will be energized to consider this problem and take appropriate action.

Commissioner Pating asked to bring the funding formula back to the Commission as a future agenda item, along with a briefing from DMH on the homeless issue. He would also like to hear about an appeal process for the counties regarding allocation of funds.

Chair Steinberg asked that this issue be brought back to the next meeting for discussion and input.

## **VI. Prevention and Early Intervention Review Tool**

Chair Steinberg said the Commission approved an expedited distribution of the planning funds for Prevention and Early Intervention. The counties will convene their respective stakeholder processes that will culminate in county applications to the state for funding for PEI. The Commission has the expenditure authority over the plans. The question before the Commission now is what review tool should be used to determine whether or not to approve, disapprove, and/or modify expenditures when county applications are received.

Ms. Lee provided the following information

- This is the first review of the proposed review tool.
- The purpose of a review tool for PEI is to help Commissioners assess whether the proposed PEI program uses funds wisely in support of the MHSA mandates, is consistent with PEI regulations, and promotes the principles that were developed and adopted by the OAC that have been incorporated into DMH principles and regulations.
- She has received some feedback regarding the proposed PEI tool: (1) omit repetition; (2) make the language as objective as possible; (3) use specific language from the guidelines whenever possible; (4) remove “government partners agreement” and replace it with “guidelines and regulations”; and (5) omit or consolidate a few of the criteria.
- She asked the Commission to provide their feedback to her, i.e., is this a good starting point, should it be more or less detailed; are there important guidelines that have not been included in the draft that should be added; does she need to define not only what the criterion are, but what constitutes a yes or no.

Chair Steinberg said he would want to know that the review team and the Commission feels that there is a “wow factor”, it is dynamic and will reach many people. He would not like to see the review tool evolve into a ministerial checklist that does not allow evaluation of the big picture. Ms. Lee said the guidelines state that the counties do not have to address any particular number of priority issues or populations. She has tried to make the review tool not a compliance checklist issue but to look at whether this was going to further the purpose for having that guideline there in the first place.

Commissioner Feldman said he believes it is much too mechanistic. He asked if the review team would need some sort of a numeric scale and the “yes” “no” is too much like a checklist.

Chair Steinberg said the flip side of his comment is that the Commission needs to make sure it is consistent with the counties and that it is not being arbitrary and so a balance needs to be achieved.

Commissioner Vega asked if certain areas should be weighted more in the sense that they go more directly or more strongly to the background principles as opposed to others.

Commissioner Poaster said clearly this is a balancing issue and it is imperative that the Commission be viewed as fair and even handed and that people know upfront what is required, but at the same time it should not discourage “wow” factors.

Commissioner Trujillo said he did not have comments because he feels the Commission is still discombobulated and more work needs to be done.



Commissioner Hayashi asked what would happen if the county plan has half yes's and half no's. Ms. Lee said this is a draft and there might not be "yes" "no", there might be 1 to 5 and weight some more than others. The threshold has not been addressed yet. Commissioner Hayashi asked if there are some models that Ms. Lee might be able to get from DMH so that the Commission would not have to spend a lot of time trying to create something new.

Commissioner Henning said when the numbers are averaged out a determination of what the threshold is should be looked at.

Commissioner Feldman said the other issue is the subjectivity/objectivity issue of interpretation of the words being used, such as "key", "early", "diverse", and "sound". He said the most subjective adjectives should be removed.

Commissioner Poat said he believes the right categories of evaluation are good. There are, however, many terms that are completely open to interpretation. He thinks the "yes" "no" questions are fine. He would like the tool to be a little more specific on the content of each of the major categories of evaluation.

Commissioner Pating he hopes that the plan review can make a difference, such as, providing a useful service. He hopes that the guidelines are living documents where they can be changed in two years as priority change. He wants this to be a dialectical process and a conversation with the county. He would like a review process where we are not just checking off and approving, but rating and giving comments. He would like the counties to say how they think they did.

Commissioner Dobson said this document should not be anything like Requests for Proposals and if the draft reflects anything like that it should be excised. He would like to have communication with the counties on their plans and allow for amendments. Instead of having a "yes" "no" he would like to have something, such as, "no identifiable deficiencies", "identifiable deficiency", and "proposed recommendation for improvement". The "identifiable deficiency" would then be open for discussion.

Commissioner Lee asked if there were any areas in the process where Ms. Lee felt it was necessary to get further direction from the Commission for clarity. Ms. Lee said the direction she wanted from the Commission was the level of detail from the number of guidelines she has included is the right level, would the guidelines lead to something that was really useful, and she needed to know about the threshold issue. Commissioner Lee said he supports Commissioner's idea of perhaps a self-review by the county. The comment about planning including assessment of needs in underserved communities should also include unserved. In the draft tool it asks for a plan to leverage additional resources and he would like to know, beyond the plan, what happened. He feels it is important for the Commission to be repository of information and what is learned can be transferred to counties. The learning that takes place should be communicated to other agencies outside of California for an even greater impact.

Commissioner Kolender said he would like clarity, improvement of service, and responsibility in the draft PEI tool.

Commissioner Gayle thanked both Ms. Lee and Commissioner Feldman for all of their efforts in this area. OAC is a trendsetter by establishing this PEI tool. He would like to know how co-occurring disorders will be addressed as it stands in PEI.

Chair Steinberg said he would like to address Commissioner Trujillo's comment about the Commission being discombobulated. The Commission is doing something that no one has ever done before and there is no precedence or past practice to guide it. It is important that the Commission lay the foundation during the first rounds of funding in order that the next rounds of

funding will not feel discombobulated. Commissioner Trujillo noted that he was not being disrespectful. He has a business strategist perspective and he does not see that a lot of the issues can be adequately addressed. He agrees that knowledge should be transferred and the Commission should become a repository of information.

Chair Steinberg said the key question on the draft might be “Is the plan leading to the achievement of outcomes?”

Commissioner Vega noted that on page 3, number 3 of the guidelines there is no “yes” “no” column. He also asked if consumer and family caregiver choice go under the same sort of analysis.

### **Public Comment**

**Stacie Hiramoto**, with the Mental Health Association, asked the Commission that when they consider a threshold, we need to remember some categories are more important. For instance, she feels that if a high threshold under the category of the community planning process is not met then the plan should not be able to go to the next category. In her opinion, it matters less to her what plan they produce, but that they provide outreach and engagement of consumers and families in underserved communities.

**Ellen Johnson**, Behavioral Health Director for the Sacramento Native American Health Center said the evaluation plan needs to lead to outcomes. It is important for the evaluation tool not be merely a checklist, but does appoint to some type of outcome in regard to the Native American communities. It should facilitate the inclusion and true partnership of these entities. A recommendation is that an outcome measure could be how many government-to-government relationships have been established as an outcome measure. It should be evidenced by the documents of tribal resolutions or board of director resolutions.

**Richard Van Horn**, with Mental Health Association of Los Angeles, said he likes the idea of a self-review by the county as they approach this process but he then would want to add a dialogue which would include the OAC, the Department, and the county under question. His second comment is that money is not guaranteed but earned. He would appreciate a 5 or 7 point scale because they are not “yes” “no” answers and they do require commentary and some judgment as to how well something is happening. This is a learning process and this is the time that we are beginning to understand how to do this. He would like to see in the review tool, and in the plans, some indication of whether people are borrowing or adapting evidence based practices from other counties that have been doing PEI longer than we have. He agrees that some of the responses should be weighted heavier than others. This is not a pass/fail judgment; it is a pass/improve judgment.

Commissioner Feldman said there should be a strong emphasis in making certain that there is some coordination or integration between PEI and training and education.

A Commissioner asked Mr. Van Horn if, with the CSS process, he felt there was sharing in the various conversations from one county to the other county. Mr. Van Horn said there were several problems early in the process because the Commission was only formed in July of '05 and the first plans were coming in before the Commission had a chance to think through the process. He did, however, believe there was learning that occurred during the dialogue process. A Commissioner said the important conversations that occur needs to be put into a best practice repository.

**Michael Smith**, with the California School Health Centers Association, said he likes the scope of the tool. In the community planning process having education systems, community agencies,

underserved and unserved populations are great. Including input from community process at the county level into the county plan is important and shows the right things are being measured. He does believe there should be a weighted scale. He encouraged the Commission to think about having youth and young adults on the review teams.

**Molly Brassil**, with the California Primary Care Association, said she believes the scope of the review tool is good. The Association strongly supports the component that involves outreach to individuals and organizations representing unserved and underserved ethnic and cultural communities. Additionally, the Association likes the idea that the planning includes an assessment of community capacity and strength and she encouraged that this criteria remain in the review tool. The Association likes the component that involves programs being delivered in a natural community setting unless there is rationale for alternate accessible setting. The idea of plans contributing to reducing mental health disparities across socio-economic and racial groups and that promote cultural competence is good. The Association encourages plans to document collaboration with community based organizations and that plans incorporate or critical links with people in the best position to recognize early signs of illness. She would hope that any review tool will allow for the utmost stakeholder input in a transparent public forum.

**Stephanie Welch**, with the County Mental Health Director's Association, said it is important to include in the tool a focus of trying to reduce redundancy, improve clarity, and look at a 5 or 7 point scale in order to increase objectivity. Her hope for the tool is that it will give guidance for correction for counties who need to make corrections in a timely fashion. While the community engagement process is very important, at the same time, those voices that are heard cannot always have programs or plans to necessarily address some of the things that they bring to the table, in particular the small counties who are being judged on a number of factors that will not be in their plan.

## **VII. Frequency of MHSOAC meetings.**

Chair Steinberg said because the agenda is tight at most meetings, there is a need to discuss whether or not meetings should be held on a monthly basis. After discussion most Commissioners felt it was important to meet once a month because of the workload issues and that plans will be coming through, and in order to move money through the system, monthly approval processes would help move this forward. It was the general consensus of the Commissioners present to put this decision off until the Commissioners can be polled as to their availability.

## **VIII. Prevention and Early Intervention Suicide Prevention Advisory Committee work and process.**

Chair Steinberg explained that the Commission, in collaboration with the Department and stakeholders, has set aside monies for statewide initiatives under Prevention and Early Intervention. Among the statewide initiatives is a focus on suicide prevention where \$56 million has been set aside over the next four years for the development of a statewide plan.

Beverly Whitcomb, Mental Health Program Supervisor Prevention and Early Intervention Branch of the California Department of Mental Health provided the following presentation:

- In 2006 Senate Bill SB1356 was introduced by Senator Lowenthal. This bill would have required that the Department of Mental Health adopt and distribute a statewide strategic suicide prevention plan. In September 2006 the Governor vetoed this bill and directed the Health & Human Services Agency and the State Department of

Mental Health to administratively develop a statewide strategic plan on suicide prevention. This draft plan is due to the Governor in May of 2008.

- The Suicide Prevention Plan Advisory Committee was a 40 member body which was selected from an incredible pool of extremely qualified candidates. There is a diverse and broad array of experience and expertise on this Committee and Commissioner Hayashi is a member as well.
- The responsibilities of the Committee include deliberating the broad issues to be considered in establishing priorities for statewide suicide prevention efforts; identifying suicide prevention needs and resources at the state and local levels; developing a knowledge base that will inform recommendations for suicide prevention; in addition, the Committee acts as ambassadors between local communities and the statewide planning process to facilitate information sharing and participation in the development of the plan; and to recommend policy and program priorities for the California Strategic Plan for Suicide Prevention.
- Preliminary recommendations:
  - Five key strategic directions
  - Recommended Actions for Each strategic Direction
  - Example Methods, Tools, Resources
  - The Commission should consider how to prioritize the \$14 million/year for the next four years that have been set aside for Suicide Prevention.
    - Strategic Direction 1: Raise awareness that suicide is preventable and create a supportive environment for suicide prevention.
    - Strategic Direction 2: Increase leadership, collaboration and coordination among public agencies, private organizations and communities to improve services and build coalitions to prevent suicide.
    - Strategic Direction 3: Develop and implement service guidelines and provide training for consistent and effective early identification, referral, access, intervention, and follow-up care.
    - Strategic Direction 4: Expand suicide prevention programs in communities and front line systems to increase points of access for effective suicide prevention, risk assessment, treatment and aftercare.
    - Strategic Direction 5: Improve data collection, research and information-sharing with the public to advance suicide prevention efforts and measure progress.
  - Next Steps
    - 1) Deadline for public input is September 30, 2007
    - 2) Committee recommendations to DMH will be finalized at the November 29, 2007 meeting
    - 3) After November's meetings, DMH will analyze and complete content
    - 4) Final draft will be presented to OAC at January 2008 meeting
    - 5) Submit to the Governor by May 1, 2008

Chair Steinberg asked what is the best practice that is grossly underfunded that will reduce suicide where OAC may want to put a substantial share of the money into. Ms. Whitcomb said the Committee's recommendations are well rounded and the Commission will have a good document from which to make choices for the MHSA funding. The suicide prevention plan is more of a strategic document that will give choices and ideas on how to proceed with suicide prevention.

Chair Steinberg asked what is being highlighted as far as initiatives and best practices. Commissioner Hayashi said this is the Committee's natural next step and something that the Commission should spend some time talking about. The plan is one which help reduce suicide. Once the plan is adopted then funding priorities can be discussed.

A Commissioner said he sees this as an area of high priority for co-occurring disorders overlap. Fifty percent of suicides involve alcohol and 20 percent of suicide attempts involve cocaine. Many times people are in a psychiatric hospital for an alcohol problem and they are prescribed psychiatric medication. There should be a better way to triage so the outcome is more successful.

It was clarified that OAC has authority over expenditure for Prevention and Early Intervention and it will be done collaboratively with the Department and the stakeholders in order to have a consensus set of priorities. Ms. Hood said the Department has been working at a staff level to come up with the mechanics of who best is poised on any of the state administered projects and what role makes most sense with the responsibilities in the Act. This will be brought forward for consideration among each of the partners that have responsibility for this and look at a process where everyone is in agreement about how those decisions are made and who should have what role.

Commissioner Vega said he is aware of two major media campaigns that are coming forward from the federal level and he wants to be sure that OAC is not putting its money into the same basket. He said a significant number of people die by suicide after treatment partly as a result from what has failed to happen when they are in treatment. It is his hope that the efforts in this area will not only focus on prevention but making meaningful follow-up and integrate services across the spectrum of health care and not just within the mental health silos. Chair Steinberg said if there is a hole in aftercare for follow-up for someone who has unsuccessfully attempted suicide then money should be put in this area in order to make a big impact.

### **Public Comment**

**Delphine Brody**, with the California Network of Mental Health Clients and sits on the Suicide Prevention Plan Advisory Committee, said it is important to have clients attend each of the OAC meetings. She is hoping that there might be more funding for client scholarships to attend meetings, especially if the Commission will be meeting more often.

The suicide issue is one of deep pain and people need care in ways that do not increase their pain. Stigma attached to suicide means that people associated with it are treated very badly. If you think about suicide in terms of pain rather than death, then the focus of suicide prevention efforts shifts from behavior management to meeting people where they are at, and support people in a wide array of services including peer and mutual support services.

**Michael Wilkins** said peer run services can and do save lives because they provide an alternate to hospitalization for people who feel suicidal. These services are especially needed after hours and on weekends (24-7). People who have experienced suicidal thoughts, or who have attempted suicide, are uniquely qualified to offer mutual support to those currently contemplating suicide.

**Stephanie Welch**, with CMHDA, said her members who participated in the Advisory Committee asked her to mention how happy they were in terms of how inclusive this process was. She said it is important to look at the service component and then the specific mental health piece of the larger plan that has to go to the Governor. It would be good to have a particular work group or a supplemental report within the next few months that helps everyone think about how to dovetail on ideas that are happening at the statewide level with the local efforts in terms of services as well as the PEI plans. We need to think about how the two parallel processes can actually support one another in terms of being effective.

**Darien Delu**, with the State Department of Alcohol and Drug Programs the Office of Co-Occurring Disorders, said suicide prevention is a very important component of effective co-occurring disorders treatment. It is her hope that the statewide plan will consider providing suicide prevention efforts for those involved in alcohol and other drug treatment programs

because in the program setting there is a focus population at real risk of suicide. She hopes that at the state level there will be consideration for addressing those who are involved with alcohol and other drugs that are not well served under current mental health hospital systems.

**Arnulfo Medina**, representing the California Family Resource Association, said his members wanted him to convey and commend the tremendous amount of inclusion in the California Strategic Plan on suicide prevention of diverse communities, specifically, underserved and unserved ethnic minority communities in the process throughout all the strategic directions in the plan. The key areas that they feel they would be able to provide is around prevention and in creating the community support by the types of services that are provided at family resource centers and family strengthening organizations and would create healthier individuals.

**Rocco Cheng, PhD**, from Pacific Clinics, congratulated the work group for a clear, focused, and concise document. It addressed many of the unique needs, as well as practices of diverse communities. He suggested including training to alternative medicine and traditional healers in their training courses. He also suggested including the inclusion of IHSS (In Home Supportive Services workers) who help many of the senior citizens because they may be the front guard scout to see the early signs of suicide tendencies. He would like to see more outreach and involvement for faith based organizations. He would like to see them included them in this process. While it is important to provide after care, it is also very important to provide prior training to service providers on how to deal with the loss of consumers, as well as how to find the support system, so that they find a meaning and purpose to continue their quality service.

## **IX. AB 2034**

Chair Steinberg said at the end of a very lengthy budget process, the Governor blue penciled the \$54.9 million for the integrated services for the homeless mentally ill. This created obvious crises for 4,700 people who were enrolled in these nationally recognized and effective programs throughout many counties of California. The cut itself raises some legal issues around supplantation and maintenance of effort. These issues will be dealt with outside of this Act in the proper venues.

In order to help these 4,700 people, the Department has issued an order allocating \$65 million for increased capacity building for existing county MHSA programs for full service partnerships, and/or other ranges of services to help people who are homeless and living with mental illness. The counties, and all the stakeholders, are committed to ensure that every one of the 4,700 continue to get the services they need. This is a one year solution and the ultimate integration of the entire system will have to be dealt with at some point.

Commissioner Gayle said he feels strongly that this Commission should consider some type of letter stating that it is very concerned around this veto. This Commission is responsible to accomplish what the State of California appointed it to do and that was to ensure that the guidelines of the Mental Health Services Act was followed to the letter. This Commission must take a stance in the cut of the \$54.9 million. He is discontented with the process because it is not his belief that this Commission has no responsibility to comment or to act like they do not see what is happening. The Commission cannot be a silent voice.

Chair Steinberg said he was trying to be delicate in this situation. He said he fought hard for the retention of the AB 2034 funds and did everything that he could. This Commission is on clear record, by virtue of policy, opposing not only the cut but supplantation. This Commission, and he himself, has not been soft on supplantation. This cut is a reminder of the danger of not being steadfast every time there is an effort at supplantation, either at the state level or the county level.

Chair Steinberg said his worst nightmare is waking up 10 years from now and finding out, either because of intentional supplantation or just the continued cutting of the core mental health system, that we have not raised the level of funding or the level of services. If there is a lawsuit on this, it may very well be appropriate for the Commission to consider its desire to act. In the short term the people are being taken care of. In the medium to long term this is a bad sign for what it could mean for the future of the Act.

Commissioner Lee said early on he expressed his concern that the Proposition would be so successful that it would transform the system in California to the point where it could provide the kinds of services people need and people from the surrounding sister states would cross our borders to take advantage of this system. The second point is that he was fearful that what would happen with Prop 63 would be what happened to the lottery funds for public education. He said what makes him concerned is the pointed comment made by the Governor's office earmarking our funds for that purpose. This Commission has a responsibility to remind the Governor of its position that was stated prior to the action of the budget. The Commission must make a statement, or at least discuss this and have a public comment forum. Chair Steinberg said that would be fine so long as we do not jeopardize services for the 4,700 people who are trying to get their lives back.

Chair Steinberg said the Department has done the right thing, the counties are doing the right thing, but at the same time there may be legal challenges and this Commission may want to consider how it wants to deal with it.

Commissioner Poat said we are at a point today where the first goal has to be to continue services. Goal 2 is to make sure, to the degree that the Commission can, that this does not happen again. This may then engage the Commission in terms of some debate with the legislature and administration in terms of future funding for this program. The third issue is the legal issue and the Commission needs to be cognizant of, and to act responsibly within the legal framework. It would be best for the Commission to hear what, if anything is going to happen relative to legal challenges and then it would have to decide whether this is something it would want to engage in, or not, and how it can best participate in the process.

Commissioner Chesbro said he hopes that a lawsuit will be filed and a line gets drawn in the sand by the Court because of the long term threat to Prop 63. He said we have a system that is chronically underfunded and there is a temptation to take money that the voters have specifically identified for a specific purpose. The reason the authors of Prop 63 put the non-supplantation and maintenance of efforts provisions into the law was to make it very difficult for allowing this to happen. These standards have not been met. Two thirds of the Legislature did not agree that making this change would enhance the implementation of the Act as the Act requires. To keep the dream of Prop 63 a reality this Commission must, in every way it can, state its objection.

### **Public Comment**

**Pat Ryan**, with the Mental Health Directors Association, said she wanted to make it clear that the Association agrees with Chair Steinberg's concern about the 4,700 people who are currently in the program and she has been working very hard to be sure to get money to those counties that had the program so they could continue to care for them. This is a one time fix.

Counties agreed that they wanted to serve people in the short-run while the larger legal issue was being dealt with so they agreed they should receive the same amount that they had received under the 2034 program and if anything was left over it would go to the other counties. Some 2034 counties would have received much more under the regular distribution formula than they

received under this plan, but everyone got together and decided they needed to take care of people.

The Association has made it very clear that it believes this is a clear violation of the Act if the Governor proposes eliminating this money and if he vetoes the money. The Association fully supports a legal challenge to this action by the Governor and she hopes the Commission will support this.

**Michael Wilkins** said, for the record, he disapproves of the Governor's veto of the funds to continue AB 2034 programs for homeless individuals who want mental health services. He had a lot of gall to say that Proposition 63 funds should now pay for the programs. Isn't this illegal? He hopes the Commissioners can make a united statement against the Governor's actions.

**Richard Van Horn** said the California Mental Health Association of California was asked last Wednesday if they would sign on as plaintiffs to the lawsuit. The Association said they would. He was asked by the attorneys to find individual plaintiffs, which he has and so the lawsuit is happening. We all understand the structural deficit that California has but there is also a structural deficit inside the realignment package. In Home Supportive Services has taken all the growth money for the last 6 to 7 years because there has been a radical increase in Alzheimer's and in cancer as a chronic disease. The realignment growth money has been a catch all and all the counties are facing a new round of cuts. One of the things that he believes will have to come forth to the Legislature is a way of supplementing the realignment monies, or at least finding alternative sources of In Home Supportive Services.

**Delphine Brody** said she was very upset to learn about the cuts that the Governor put into the program, but she is glad to hear, that at least for this year, the 4,700 clients have their services intact. She hopes that we can start coming up with ways to make those services continue and expand without backfilling existing programs through MHSA because it would do an injustice to clients, as a whole, and to the stakeholder process, as a whole, to see this type of supplantation.

**Arnulfo Medina** said this is his first time at an OAC meeting and he feels the discussions have been productive and answered many questions. The California Family Resource Association has been collaborating with county departments and other organizations in the mental health area to put out a policy brief on mental health that shows examples of best practices. If anyone is interested he would be happy to supply a copy of it. He would like to include in the language for the strategic plan for suicide prevention the family resource centers as an example of a recommended program.

The Mental Health Services Oversight and Accountability Commission meeting recessed at 5:30 p.m.